

ABSTRAK

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Pelaksanaan Deteksi Dini Penyakit Penyerta pada Pelayanan Antenatal terkait dengan Kematian Ibu di Kabupaten Kudus

xi + 119 halaman + 3 tabel + 4 gambar + 12 lampiran

Dari 15 kasus kematian ibu, 7 orang (47%) ibu meninggal dalam kondisi hamil. Kehamilan risiko tinggi dapat dideteksi apabila ibu hamil melakukan pemeriksaan antenatal secara rutin. Tujuan penelitian ini untuk menganalisis pelaksanaan deteksi dini penyakit penyerta pada pelayanan antenatal dari aspek input, proses dan output

Jenis penelitian ini Kualitatif. Pemilihan informan dengan cara *purposive*, data dikumpulkan melalui wawancara (*indepth interview*) pada informan utama 9 bidan yang terdiri 5 Bidan Praktik Mandiri dan 4 bidan desa. 16 Informan triangulasi terdiri dari 6 Bidan Koordinator Puskesmas, 9 ibu hamil resiko tinggi pada trimester III dan 1 Kepala Seksi Kesehatan Keluarga. Analisis data menggunakan metode analisis isi (*content analysis*)

Hasil penelitian Aspek *input* bahwa tenaga bidan dari 6 puskesmas terdapat satu desa yang belum ada bidan desanya karena pindah. Pelatihan ANC belum pernah di selenggarakan. Ketrampilan yang dimiliki sebagian besar bidan desa kurang dikarenakan jarang pegang lebih banyak melayani pelayanan umum. Sarana dan prasarana sebagian besar alat yang belum dimiliki yaitu reflek patella, hemometer, jangka panggul, pemeriksaan urine protein dan reduksi dilakukan di puskesmas induk. Alat hemometer di puskesmas induk sudah ada yang baru. Gedung Poliklinik Kesehatan Desa beberapa masih kurang layak dikarenakan satu bangunan dengan balai desa dan belum ada sumber air bersih. Dana untuk bidan desa bersumber dari Bantuan Operasional Kesehatan dan Bidan Praktik Mandiri dari biaya yang dikeluarkan ibu hamil. Sebagian besar bidan desa menyatakan dana tersebut kurang karena masih mengeluarkan uang sendiri untuk kader. Anamnesa sebagian besar bidan tidak menanyakan mengenai penyakit yang diderita, pola konsumsi. Pemeriksaan sebagian besar bidan tidak melakukan pengukuran suhu dan lingkaran lengan atas dikarenakan jika ada indikasi. Penanganan dan tindak lanjut beberapa bidan melakukan rujukan namun tidak dilakukan pendampingan sampai tempat rujukan. Komunikasi informasi dan edukasi sebagian besar sudah dilakukan setiap kali pemeriksaan kehamilan. Output kasus yang sudah terdeteksi dini pada kehamilan yaitu riwayat obstetri jelek, umur terlalu tua, hepatitis dan hipertensi.

Disimpulkan bahwa deteksi dini penyakit penyerta pada pelayanan antenatal bidan belum optimal dikarenakan belum adanya pelatihan yang di selenggarakan, sarana alat pemeriksaan laboratorium yang tidak ada di PKD,

Kata Kunci : Deteksi dini, antenatal, kematian ibu

ABSTRACT

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Implementation of Co-Infection Early Detection in Antenatal Care Services in relation with Maternal Mortality in District of Kudus

xi + 119 pages + 3 tables + 4 figures + 12 enclosures

As many as 7 persons or 47% from 15 maternal mortality cases were pregnant women. High risk pregnancy could be detected if they did antenatal care (ANC) routinely. This research aimed to analyze the implementation of co-infection early detection in ANC services from the aspects of input, process, and output.

This was qualitative research. Informants were selected purposively. Indepth interview towards 9 midwives consisted of 5 privately practicing midwives (PPM) and 4 village midwives was conducted to collect data. In addition, 16 informants were selected for triangulation purpose and consisted of 6 Midwife Coordinators at Health Centers, 9 high risk pregnant women on trimester III and 1 Head of Family Health Section. Furthermore, data were analyzed using a method of content analysis.

The results of an input aspect were as follows: one village from six health center did not have a midwife because she moved away. There was no training of ANC. Mostly midwives did not have good skills because they most often provided services to general patients. Additionally, equipment such as patellar reflex, hemometer, and long pelvis was not available. Test for protein in urine and reduction was done at primary health centers. A new hemometer was also available there. Some Village Health Polyclinic buildings were poor because they were not separated from village hall and clean water also was not available. Funding for village midwives was obtained from operational support for health, whereas funding for PPM was from pregnant women. Mostly village midwives stated that available fund was not sufficient because they had to spend their money for cadres. Moreover, mostly midwives did not ask symptoms and consumption pattern. They also did not measure body temperature and arm circumference. Some midwives referred their patients but they did not accompany them until referral services. Mostly midwives had done communication, information, and education well. Results of detected output were bad obstetric history, older, hepatitis, and hypertension.

As a suggestion, midwives had not optimally done co-infection early detection in ANC because there was no training and no laboratory equipment.

Key Words : Early Detection, Antenatal, Maternal Mortality